| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) |
|---|---|
| **FY 2009     (VIA EFS-WEB)**<br>*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)* | BA9327USPCT |

| Application Number 10/583635 | Filed January 21, 2005 (PCT) | Confirmation No. 3586 |
|---|---|---|

For   PROCESS FOR THE MANUFACTURE OF 2,3-DICHLOROPYRIDINE

| Art Unit 1625 | Examiner ROBINSON, BINTA M. |
|---|---|

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | | Fee | Small Entity Fee | |
|---|---|---|---|---|
| ☐ | One month (37 CFR 1.17(a)(1)) | $130 | $65 | $ _____ |
| ☐ | Two months (37 CFR 1.17(a)(2)) | $490 | $245 | $ _____ |
| ☑ | Three months (37 CFR 1.17(a)(3)) | $1110 | $555 | $ 1,110.00 |
| ☐ | Four months (37 CFR 1.17(a)(4)) | $1730 | $865 | $ _____ |
| ☐ | Five months (37 CFR 1.17(a)(5)) | $2350 | $1175 | $ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☑ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71
    Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number   65,153

☐ attorney or agent under 37 CFR 1.34.
    Registration number if acting under 37 CFR 1.34 _____

| /Reed A. Coats/ | June 30, 2010 |
|---|---|
| Signature | Date |
| REED A COATS | (302) 451-0801 |
| Typed or printed name | Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐   Total of _____ forms are submitted.